

**FILE NOW: FILING FEE AFTER MAY 1 IS \$275.00**

**APPROVED  
AND  
FILED**

95 MAY -1 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **V22987** (4)  
 1. Corporation Name  
**PRO NATURA, INC.**

Principal Place of Business Mailing Address  
 1291 RAINBOW CT 1291 RAINBOW CT  
 NAPLES FL 33963 NAPLES FL 33963

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/19/1992** 3a. Date of Last Report **11/07/1994**  
 4. FEI Number **65-0320187** Applied For  Not Applicable   
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 6. This corporation has liability of intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

9. Name and Address of Current Registered Agent  
**RESS, ROBERT**  
**1291 RAINBOW CRT.**  
**NAPLES FL 33963**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 12 NAME  | 12 NAME   |   |
| STREET ADDRESS             | 13 STREET ADDRESS  | 13 STREET ADDRESS                                     |   |
| CITY ST ZIP                | 14 CITY ST ZIP   | 14 CITY ST ZIP  |   |
| TITLE                      | 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 22 NAME  | 22 NAME   |   |
| STREET ADDRESS             | 23 STREET ADDRESS  | 23 STREET ADDRESS                                     |   |
| CITY ST ZIP                | 24 CITY ST ZIP   | 24 CITY ST ZIP  |   |
| TITLE                      | 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 32 NAME  | 32 NAME   |   |
| STREET ADDRESS             | 33 STREET ADDRESS  | 33 STREET ADDRESS                                     |   |
| CITY ST ZIP                | 34 CITY ST ZIP   | 34 CITY ST ZIP  |   |
| TITLE                      | 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 42 NAME  | 42 NAME   |   |
| STREET ADDRESS             | 43 STREET ADDRESS  | 43 STREET ADDRESS                                     |   |
| CITY ST ZIP                | 44 CITY ST ZIP   | 44 CITY ST ZIP  |   |
| TITLE                      | 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 52 NAME  | 52 NAME   |   |
| STREET ADDRESS             | 53 STREET ADDRESS  | 53 STREET ADDRESS                                     |   |
| CITY ST ZIP                | 54 CITY ST ZIP   | 54 CITY ST ZIP  |   |
| TITLE                      | 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 62 NAME  | 62 NAME   |   |
| STREET ADDRESS             | 63 STREET ADDRESS  | 63 STREET ADDRESS                                     |   |
| CITY ST ZIP                | 64 CITY ST ZIP   | 64 CITY ST ZIP  |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **ROBERT RESS**  PRES. 4-27-95 813-592-7611  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Display Phone #